NPDES COMPLIANCE SAMPLING INSPECTION

Village of Northport STP
Northport, New York

NY0024881

December 6-7, 2011

Participating Personnel:

U.S. Environmental Protection Agency
Robert Morrell, Geologist
Stephen Hale, Environmental Protection Specialist

Village of Northport Sewage Treatment Plant
John Calamari, Operator
Donna Bee, Operator

Report Prepared by:

Robert A. Morrell Jr. 1/19/12
Robert Morrell, Geologist
Monitoring Operations Section

Approved for the Director by:

John S. Kushwara, Chief
Monitoring and Assessment Branch

Village of Northport Sewage Treatment Plant **NY0024881**
Northport, New York **December 6-7, 2011**

NPDES Compliance Sampling Inspection

Objective

A 24-hour NPDES Compliance Sampling Inspection (CSI) was conducted at the Village of Northport Sewage Treatment Plant on December 6-7, 2011. The purpose of the inspection was to determine if the permittee is in compliance with the requirements and limitations of NPDES Permit No. NY0024881.

Survey Participants

U.S. Environmental Protection Agency
Robert Morrell, Geologist
Stephen Hale, Environmental Protection Specialist

Village of Northport Sewage Treatment Plant
John Calamari, Operator
Donna Bee, Operator

Plant Description

The Village of Northport Sewage Treatment Plant is located on Beach Avenue in Northport, New York. Average flow for the plant is 285,000 gallons per day (gpd), with a design capacity of 450,000 gpd. The plant is an activated sludge plant that uses the Modified Ludzack-Ettinger (MLE) process for nitrogen removal. Influent wastewater is conveyed to the head of the plant from four pump stations. The wastewater flows into an aerated grit chamber, through a bar screen, and through the comminuter before entering the influent pit. Wastewater in the influent pit is pumped to the equalization tank. The wastewater is then pumped to the MLE system, which consists of two anoxic zones and two aeration basins separated by baffles. During treatment, the wastewater is recirculated several times between the anoxic and aerobic zones. Return activated sludge is also mixed with the wastewater in the anoxic zone. After nitrogen removal is achieved, the wastewater flows into a distribution box and is conveyed to one of two clarifiers. The wastewater flows over the sawtooth weirs into the chlorine contact chamber. The wastewater is disinfected using nine ultraviolet lamps, each with four bulbs. The bulbs are cleaned twice per week. After ultraviolet treatment, the treated wastewater flows over a weir into the final effluent chamber, where it is pumped through Outfall 001 to the south end of Northport Harbor.

Sludge from the clarifiers is pumped to the aerobic digester, where the sludge is aerated for 30 to 60 days. The sludge is then transported by tank truck to Bergen Point for further treatment.

EPA Sampling Activities

On the first day of the survey, an automatic composite sampler was set up at the influent sampling location. The sampler was programmed to collect an aliquot of the influent every 15 minutes for 24 hours. The composite sample container was packed in ice.

The sampling team then set up an automatic composite sampler at the effluent sampling location. The sampler was programmed to collect an aliquot of the effluent every 15 minutes for 24 hours. The composite sample container was packed in ice.

Using a rod and clamp, a grab sample of the effluent was collected for total and fecal coliforms. Effluent grab samples for total residual chlorine, temperature, pH, and settleable solids were measured and recorded in the field notebook. A 24-hour flow reading was obtained from the flow totalizer.

On the second day of the survey, a 24-hour composite sample was collected from the automatic sampler at the influent sampling location. This influent sample was analyzed for 5-day carbonaceous biochemical oxygen demand ($CBOD_5$), 5-day biochemical oxygen demand (BOD_5), total suspended solids (TSS), ammonia, total kjeldahl nitrogen (TKN), $NO_2 + NO_3$, and total phosphorus.

On the second day of the survey, a 24-hour composite sample was collected from the automatic sampler at the effluent sampling location. This effluent sample was analyzed for $CBOD_5$, BOD_5, TSS, ammonia, TKN, $NO_2 + NO_3$, total phosphorus, and turbidity.

Using a rod and clamp, a second grab sample of the effluent was collected for total and fecal coliforms.

All sample containers, preservatives, and holding times were in accordance with U.S. EPA requirements specified in 40 CFR Part 136. All samples were placed in a cooler with wet ice and transported to the U.S. EPA Region 2 Laboratory in Edison, New Jersey. Split samples were given to the facility representatives.

Analytical Results

Village of Northport Sewage Treatment Plant
24-Hour CSI
December 6-7, 2011

Parameter	Influent	Effluent	Permit Limit
Flow (mgd)	--	0.30	0.45
Settleable Solids (ml/l)	--	Trace	0.3
pH (su)	--	6.43	6.0 – 9.0
Temperature (°C)	--	14.8	Monitor only
Total Residual Chlorine (mg/l)	--	0.22	0.60
$CBOD_5$ (mg/l)	120	3.3 (2.7% of influent)	25 or 15% (30-day arithmetic mean)
BOD_5 (mg/l)	160	5.2	50
TSS (mg/l)	130	23 (17.7% of influent)	30 or 15% (30-day arithmetic mean)
Ammonia (mg/l)	13	0.11	Monitor only
TKN (mg/l)	21	1.2 L	Monitor only
$NO_2 + NO_3$ (mg/l)	2.4	5.2	Monitor only
Total Phosphorus (mg/l)	2.4	1.9	Monitor only
Turbidity (NTU)	--	6.78	--
Total Coliform (MPN/100 ml)	--	7.0, 80	700
Fecal Coliform (MPN/100 ml)	--	7.0, 7.0	200

L – The reported value may be biased low.

Findings

Based on the analytical results for the 24-hour survey, the Village of Northport Sewage Treatment Plant was in compliance with all permit limitations, except for a daily exceedance in total suspended solids. The effluent concentration for TSS was 17.7 percent of the influent concentration, which is greater than the 15 percent permit limitation (30-day arithmetic mean). The effluent concentration for TSS was 23 mg/l, which is less than the numeric permit limitation of 30 mg/l (30-day arithmetic mean).

Attachments

Photographs (#1 - #2)
Water Compliance Inspection Report
Data Report
Chain of Custody / Field Data Forms

PHOTO LOG

Photo #1: View of the influent sampling location.

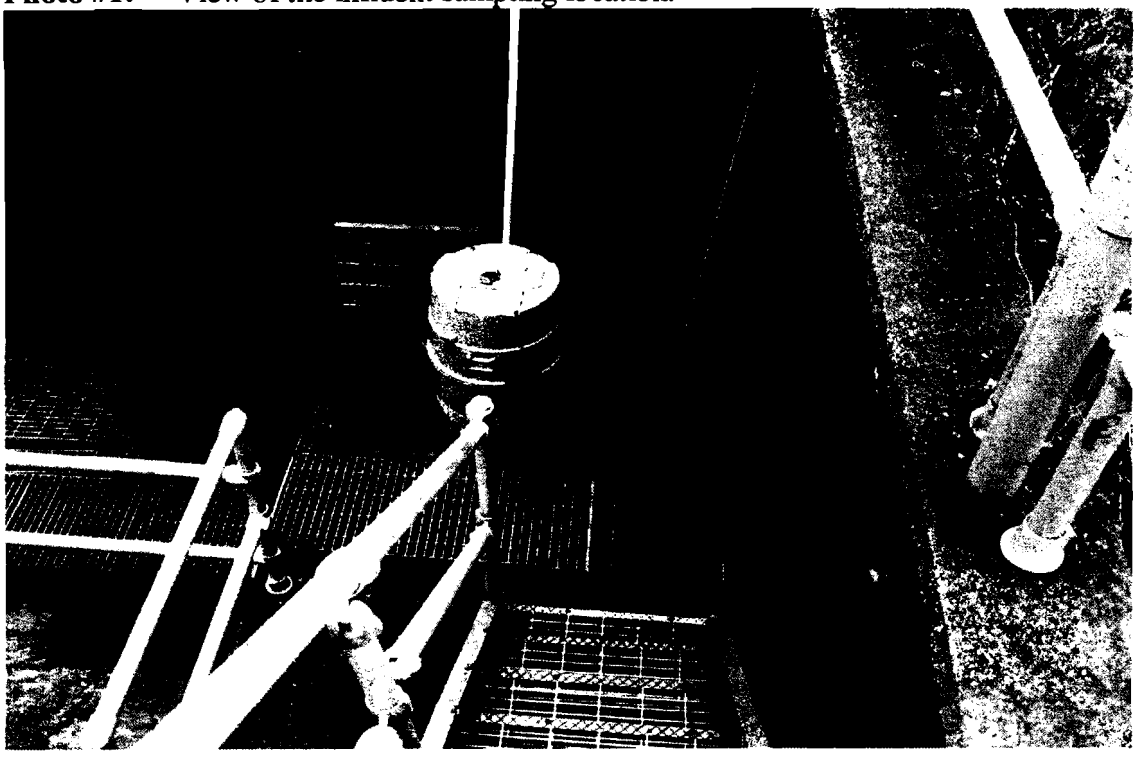

Photo #2: View of the effluent sampling location.

United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 W 2 5	3 NY0102481 11	12 11/12/06 17	18 S	19 R	20 I

Remarks: 21 MAB

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
67 10 69	70	71 W	72 N	73 74 75 80

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*	Entry Time/Date	Permit Effective Date
Village of Northport STP Beach Ave. Northport, NY 11768	0900/12-6-11	2/13/04
	Exit Time/Date	Permit Expiration Date
	1100/12-8-11	3/31/10

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data *(e.g., SIC NAICS, and other descriptive information)*
John Calamari, Operator 631-261-7505	

Name, Address of Responsible Official/Title/Phone and Fax Number	Contacted
John Sammis, Sr. Operator 631-261-7505	☐ Yes ☑ No

Section C: Areas Evaluated During Inspection *(Check only those areas evaluated)*

☒ Permit	☐ Self-Monitoring Program	☐ Pretreatment	☒ MS4
☒ **Records/Reports**	☐ Compliance Schedules	☐ Pollution Prevention	
☒ Facility Site Review	☐ Laboratory	☒ Storm Water	
☒ Effluent/Receiving Waters	☐ Operations & Maintenance	☐ Combined Sewer Overflow	
☒ Flow Measurement	☐ Sludge Handling/Disposal	☐ Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
A 0 0 1 7	See attached report.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert A. Morrell	USEPA/DESA/MAB/732-906-6804	1/19/12
Robert Morrell		

Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date
	EPA/DESA-MAB/732-321-6686/66IC	1/20/12

Section A: National Data System Coding *(i.e., PCS)*

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. *(Use the Remarks columns to record the State permit number, if necessary.)*

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A	Performance Audit	U	IU Inspection with Pretreatment Audit	I	Pretreatment Compliance (Oversight)
B	Compliance Biomonitoring	X	Toxics Inspection	@	Follow-up (enforcement)
C	Compliance Evaluation (non-sampling)	Z	Sludge - Biosolids	[	Storm Water-Construction-Sampling
D	Diagnostic	#	Combined Sewer Overflow-Sampling	]	Storm Water-Construction-Non-Sampling
F	Pretreatment (Follow-up)	$	Combined Sewer Overflow-Non-Sampling	:	Storm Water-Non-Construction-Sampling
G	Pretreatment (Audit)	+	Sanitary Sewer Overflow-Sampling	~	Storm Water-Non-Construction-Non-Sampling
I	Industrial User (IU) Inspection	&	Sanitary Sewer Overflow-Non-Sampling	<	Storm Water-MS4-Sampling
J	Complaints	^	CAFO-Sampling	-	Storm Water-MS4-Non-Sampling
M	Multimedia	=	CAFO-Non-Sampling	>	Storm Water-MS4-Audit
N	Spill	2	IU Sampling Inspection		
O	Compliance Evaluation (Oversight)	3	IU Non-Sampling Inspection		
P	Pretreatment Compliance Inspection	4	IU Toxics Inspection		
R	Reconnaissance	5	IU Sampling Inspection with Pretreatment		
S	Compliance Sampling	6	IU Non-Sampling Inspection with Pretreatment		
		7	IU Toxics with Pretreatment		

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A — State (Contractor)
B — EPA (Contractor)
E — Corps of Engineers
J — Joint EPA/State Inspectors—EPA Lead
L — Local Health Department (State)
N — NEIC Inspectors
O — Other Inspectors, Federal/EPA (Specify in Remarks columns)
P — Other Inspectors, State (Specify in Remarks columns)
R — EPA Regional Inspector
S — State Inspector
T — Joint State/EPA Inspectors—State lead

Column 20: Facility Type. Use one of the codes below to describe the facility.

1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
2 — Industrial. Other than municipal, agricultural, and Federal facilities.
3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
4 — Federal. Facilities identified as Federal by the EPA Regional Office.
5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection. The heading marked "Multimedia" may indicate medias such as CAA, RCRA, and TSCA.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable

PERMIT NO. NY0024881

SECTION F - Facility and Permit Background

ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY *(Including City, County and ZIP code)*	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE
	FINDINGS

SECTION G - Records and Reports

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. ☑ YES ☐ NO ☐ N/A *(Further explanation attached _____)*

DETAILS:

(a) ADEQUATE RECORDS MAINTAINED OF:			
(i) SAMPLING DATE, TIME, EXACT LOCATION	☑ YES	☐ NO	☐ N/A
(ii) ANALYSES DATES, TIMES	☑ YES	☐ NO	☐ N/A
(iii) INDIVIDUAL PERFORMING ANALYSIS	☑ YES	☐ NO	☐ N/A
(iv) ANALYTICAL METHODS/TECHNIQUES USED	☑ YES	☐ NO	☐ N/A
(v) ANALYTICAL RESULTS *(e.g., consistent with self-monitoring report data)*	☑ YES	☐ NO	☐ N/A
(b) MONITORING RECORDS *(e.g., flow, pH, D.O., etc.)* MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS *(e.g. continuous monitoring instrumentation, calibration and maintenance records).*	☑ YES	☐ NO	☐ N/A
(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.	☑ YES	☐ NO	☐ N/A
(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.	☑ YES	☐ NO	☐ N/A
(e) QUALITY ASSURANCE RECORDS KEPT.	☑ YES	☐ NO	☐ N/A
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES *(and their compliance status)* USING PUBLICLY OWNED TREATMENT WORKS.	☑ YES	☐ NO	☐ N/A

SECTION H - Permit Verification

INSPECTION OBSERVATIONS VERIFY THE PERMIT. ☑ YES ☐ NO ☐ N/A *(Further explanation attached _____)*

DETAILS:

(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.	☑ YES	☐ NO	☐ N/A
(b) FACILITY IS AS DESCRIBED IN PERMIT.	☑ YES	☐ NO	☐ N/A
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	☑ YES	☐ NO	☐ N/A
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.	☑ YES	☐ NO	☐ N/A
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.	☐ YES	☐ NO	☑ N/A
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.	☑ YES	☐ NO	☐ N/A
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.	☑ YES	☐ NO	☐ N/A
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.	☑ YES	☐ NO	☐ N/A
(i) ALL DISCHARGES ARE PERMITTED.	☑ YES	☐ NO	☐ N/A

SECTION I - Operation and Maintenance

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. ☑ YES ☐ NO ☐ N/A *(Further explanation attached _____)*

DETAILS:

(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.	☑ YES	☐ NO	☐ N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	☑ YES	☐ NO	☐ N/A
(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.	☑ YES	☐ NO	☐ N/A
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED.	☑ YES	☐ NO	☐ N/A
(e) ALL TREATMENT UNITS IN SERVICE.	☑ YES	☐ NO	☐ N/A
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS. Gannett Fleming	☑ YES	☐ NO	☐ N/A
(g) QUALIFIED OPERATING STAFF PROVIDED.	☑ YES	☐ NO	☐ N/A
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS.	☑ YES	☐ NO	☐ N/A
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.	☑ YES	☐ NO	☐ N/A
(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.	☑ YES	☐ NO	☐ N/A
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.	☑ YES	☐ NO	☐ N/A
(l) SPCC PLAN AVAILABLE.	☐ YES	☐ NO	☑ N/A
(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. *(Dates _____ _____)*	☐ YES	☐ NO	☑ N/A
(n) ANY BY-PASSING SINCE LAST INSPECTION.	☐ YES	☑ NO	☐ N/A
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.	☐ YES	☑ NO	☐ N/A

PERMIT NO. NY0024881

SECTION J - Compliance Schedules

PERMITTEE IS MEETING COMPLIANCE SCHEDULE. ☐ YES ☐ NO ☑ N/A *(Further explanation attached _____)*

CHECK APPROPRIATE PHASE(S):

- ☐ (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- ☐ (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING *(mortgage commitments, grants, etc.)*.
- ☐ (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- ☐ (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- ☐ (e) CONSTRUCTION HAS COMMENCED.
- ☐ (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- ☐ (g) CONSTRUCTION HAS BEEN COMPLETED.
- ☐ (h) START-UP HAS COMMENCED.
- ☐ (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

SECTION K - Self-Monitoring Program

Part 1 – Flow measurement *(Further explanation attached _____)*			
PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS:	☑ YES	☐ NO	☐ N/A
(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. Ultrasonic	☑ YES	☐ NO	☐ N/A
TYPE OF DEVICE: ☑ WEIR ☐ PARSHALL FLUME ☐ MAGMETER ☐ VENTURI METER ☐ OTHER *(Specify _____)*			
(b) CALIBRATION FREQUENCY ADEQUATE. *(Date of last calibration* 10/20/11*)*	☑ YES	☐ NO	☐ N/A
(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED.	☑ YES	☐ NO	☐ N/A
(d) SECONDARY INSTRUMENTS *(totalizers, recorders, etc.)* PROPERLY OPERATED AND MAINTAINED.	☑ YES	☐ NO	☐ N/A
(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.	☑ YES	☐ NO	☐ N/A
Part 2 – Sampling *(Further explanation attached _____)*			
PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS:	☑ YES	☐ NO	☐ N/A
(a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	☑ YES	☐ NO	☐ N/A
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT.	☑ YES	☐ NO	☐ N/A
(c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. IF NO, ☐ GRAB ☐ MANUAL COMPOSITE ☐ AUTOMATIC COMPOSITE FREQUENCY _____	☑ YES	☐ NO	☐ N/A
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE.	☑ YES	☐ NO	☐ N/A
(i) SAMPLES REFRIGERATED DURING COMPOSITING	☑ YES	☐ NO	☐ N/A
(ii) PROPER PRESERVATION TECHNIQUES USED	☑ YES	☐ NO	☐ N/A
(iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT	☐ YES	☐ NO	☑ N/A
(iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3	☑ YES	☐ NO	☐ N/A
(e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT.	☐ YES	☑ NO	☐ N/A
(f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT.	☐ YES	☐ NO	☑ N/A
Part 3 – Laboratory *(Further explanation attached _____)*			
PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS: Did not evaluate.	☐ YES	☐ NO	☑ N/A
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. *(40 CFR 136.3)*	☐ YES	☐ NO	☐ N/A
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED.	☐ YES	☐ NO	☐ N/A
(c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED.	☐ YES	☐ NO	☐ N/A
(d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.	☐ YES	☐ NO	☐ N/A
(e) QUALITY CONTROL PROCEDURES USED.	☐ YES	☐ NO	☐ N/A
(f) DUPLICATE SAMPLES ARE ANALYZED. _____ % OF TIME.	☐ YES	☐ NO	☐ N/A
(g) SPIKED SAMPLES ARE USED. _____ % OF TIME.	☐ YES	☐ NO	☐ N/A
(h) COMMERCIAL LABORATORY USED.	☑ YES	☐ NO	☐ N/A
(i) COMMERCIAL LABORATORY STATE CERTIFIED.	☑ YES	☐ NO	☐ N/A

LAB NAME Eco Test Labs

LAB ADDRESS 377 Sheffield Ave, North Babylon, NY 11703

PERMIT NO.

SECTION L - Effluent/Receiving Water Observations *(Further explanation attached ____)*

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	No	No	Slight	No	No	Slight Yellow	

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations *(Further explanation attached ____)*

- ☑ GRAB SAMPLES OBTAINED
- ☑ COMPOSITE OBTAINED
- ☐ FLOW PROPORTIONED SAMPLE
- ☑ AUTOMATIC SAMPLER USED
- ☑ SAMPLE SPLIT WITH PERMITTEE
- ☑ CHAIN OF CUSTODY EMPLOYED
- ☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY Every 15 mins. for 24 Hours PRESERVATION See data sheets.

SAMPLE REFRIGERATED DURING COMPOSITING: ☑ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE Yes.

SECTION N - Analytical Results *(Attach report if necessary)*

See attached report.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region 2 Laboratory
2890 Woodbridge Avenue
Edison , New Jersey 08837
732-906-6886 Phone
732-906-6165 Fax

January 03, 2012

Bob Morrell
Monitoring & Assessment Branch
DESA/MAB
Edison, NJ 08837

RE: Village of Northport CSI/MS4-1112015

Enclosed are the results of analyses for samples received by the laboratory between 12/06/2011 and 12/07/2011. The signature below reflects the laboratory's approval of the reported results. If you have any questions concerning this report, please refer to Project Number 1112015 and contact John Birri by phone at 732-906-6886, or via Email at birri.john@epa.gov.

Sincerely,

John R. Bourbon
Chief, DESA/LB

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region 2 Laboratory

Project:Village of Northport CSI/MS4-1112015

Project Number: 1112015

Project Narrative:

The National Environmental Laboratory Accreditation Conference (NELAC) is a voluntary environmental laboratory accreditation association of State and Federal agencies. NELAC established and promoted a national accreditation program that provides a uniform set of standards for the generation of environmental data that are of known and defensible quality. The EPA Region 2 Laboratory is NELAC accredited. The Laboratory tests that are accredited have met all the requirements established under the NELAC Standards.

Condition Comments

None

Comment(s):

None

Data Qualifier(s):

U- The analyte was not detected at or above the Reporting Limit.
J- The identification of the analyte is acceptable; the reported value is an estimate.
K- The identification of the analyte is acceptable; the reported value may be biased high.
L- The identification of the analyte is acceptable; the reported value may be biased low.
NJ- There is presumptive evidence that the analyte is present; the analyte is reported as a tentative identification. The reported value is an estimate.

Reporting Limit(s):

The Laboratory was able to achieve the appropriate limits for each analyte requested.

Project:Village of Northport CSI/MS4-1112015

Project Number: 1112015

SUMMARY REPORT FOR SAMPLES

Field ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent-Grab#1	1112015-01	Aqueous	12/06/2011 14:00	12/06/2011 19:40
Main St. Pk. North-48"Pipe	1112015-02	Aqueous	12/06/2011 14:55	12/06/2011 19:40
Main St. Pk. Playground-8"	1112015-03	Aqueous	12/06/2011 15:06	12/06/2011 19:40
Woodbine Marina-Outfall #1	1112015-04	Aqueous	12/06/2011 15:35	12/06/2011 19:40
Woodbine Marina-Outfall #2	1112015-05	Aqueous	12/06/2011 15:37	12/06/2011 19:40
Woodbine Marina-Outfall #3	1112015-06	Aqueous	12/06/2011 15:38	12/06/2011 19:40
Woodbine Marina-Outfall #4	1112015-07	Aqueous	12/06/2011 15:40	12/06/2011 19:40
Influent-24 Hr. Comp.	1112017-01	Aqueous	12/07/2011 09:48	12/07/2011 16:35
Effluent-24 Hr. Comp.	1112017-02	Aqueous	12/07/2011 10:05	12/07/2011 16:35
Effluent-Grab#2	1112017-03	Aqueous	12/07/2011 10:20	12/07/2011 16:35
Britannia Y.C.-East Boardwalk	1112017-04	Aqueous	12/07/2011 11:33	12/07/2011 16:35
Britannia Y.C.-South Wall	1112017-05	Aqueous	12/07/2011 11:58	12/07/2011 16:35
#67 25A	1112017-06	Aqueous	12/07/2011 12:15	12/07/2011 16:35
House #91	1112017-07	Aqueous	12/07/2011 12:45	12/07/2011 16:35
Stanton St.-Bayview Ave.	1112017-08	Aqueous	12/07/2011 12:56	12/07/2011 16:35
Main St.Park North-12"Pipe	1112017-09	Aqueous	12/07/2011 13:07	12/07/2011 16:35
Steers beach	1112017-10	Aqueous	12/07/2011 13:31	12/07/2011 16:35

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region 2 Laboratory

Project:Village of Northport CSI/MS4-1112015

Project Number: 1112015

SUMMARY REPORT FOR METHODS

Analysis	Method	Certification	Matrix
Ammonia [As N]	EPA 350.1 / SOP C-80	NELAP	Aqueous
Biochemical Oxygen Demand	SM 5210B / SOP C-21	NELAP	Aqueous
Biochemical Oxygen Demand, Carbonaceous	SM 5210B / SOP C-21		Aqueous
Coliform, Fecal	SM 9221B,E / SOP B-8	NELAP	Aqueous
Nitrate + Nitrite [As N]	EPA 353.2 / SOP C-79	NELAP	Aqueous
Nitrogen, Total Kjeldahl	EPA 351.2 / SOP C-40	NELAP	Aqueous
Phosphorus	EPA 365.4 / SOP C-68	NELAP	Aqueous
Coliform, Total	SM 9221B / SOP B-6	NELAP	Aqueous
Residue, Non-Filterable	SM 2540 D / SOP C-33	NELAP	Aqueous
Turbidity	EPA 180.1 / SOP C-81	NELAP	Aqueous

Project:Village of Northport CSI/MS4-1112015

Project Number: 1112015

Analyte	Result	Qualifier	Reporting Limit	Units
Field ID: Effluent-Grab#1			**Sample ID: 1112015-01**	
Microbiology				
Coliform, Fecal	7.0		2.0	MPN/100 mL
Microbiology				
Coliform, Total	7.0		2.0	MPN/100 mL
Field ID: Main St. Pk. North-48"Pipe			**Sample ID: 1112015-02**	
Microbiology				
Coliform, Fecal	22		2.0	MPN/100 mL
Microbiology				
Coliform, Total	1700		2.0	MPN/100 mL
Field ID: Main St. Pk. Playground-8"			**Sample ID: 1112015-03**	
Microbiology				
Coliform, Fecal	---	U	2.0	MPN/100 mL
Microbiology				
Coliform, Total	---	U	2.0	MPN/100 mL
Field ID: Woodbine Marina-Outfall #1			**Sample ID: 1112015-04**	
Microbiology				
Coliform, Fecal	---	U	2.0	MPN/100 mL
Microbiology				
Coliform, Total	17		2.0	MPN/100 mL
Field ID: Woodbine Marina-Outfall #2			**Sample ID: 1112015-05**	
Microbiology				
Coliform, Fecal	---	U	2.0	MPN/100 mL

Project:Village of Northport CSI/MS4-1112015

Project Number: 1112015

Analyte	Result	Qualifier	Reporting Limit	Units
Field ID: Woodbine Marina-Outfall #2			**Sample ID: 1112015-05**	
Microbiology				
Coliform, Total	---	U	2.0	MPN/100 mL
Field ID: Woodbine Marina-Outfall #3			**Sample ID: 1112015-06**	
Microbiology				
Coliform, Fecal	---	U	2.0	MPN/100 mL
Microbiology				
Coliform, Total	---	U	2.0	MPN/100 mL
Field ID: Woodbine Marina-Outfall #4			**Sample ID: 1112015-07**	
Microbiology				
Coliform, Fecal	---	U	2.0	MPN/100 mL
Microbiology				
Coliform, Total	2.0		2.0	MPN/100 mL
Field ID: Influent-24 Hr. Comp.			**Sample ID: 1112017-01**	
Sanitary				
Ammonia [As N]	13		1.0	mg/L
Sanitary				
Biochemical Oxygen Demand	160		2.0	mg/L
Sanitary				
Biochemical Oxygen Demand, Carbonaceous	120		2.0	mg/L
Sanitary				
Nitrate + Nitrite [As N]	2.4		0.50	mg/L
Sanitary				
Nitrogen, Total Kjeldahl	21		1.0	mg/L

Project:Village of Northport CSI/MS4-1112015

Project Number: 1112015

Analyte	Result	Qualifier	Reporting Limit	Units
Field ID: Influent-24 Hr. Comp.			**Sample ID: 1112017-01**	
Sanitary				
Phosphorus	2.4		0.25	mg/L
Sanitary				
Residue, Non-Filterable	130		10	mg/L
Field ID: Effluent-24 Hr. Comp.			**Sample ID: 1112017-02**	
Sanitary				
Ammonia [As N]	0.11		0.10	mg/L
Sanitary				
Biochemical Oxygen Demand	5.2		2.0	mg/L
Sanitary				
Biochemical Oxygen Demand, Carbonaceous	3.3		2.0	mg/L
Sanitary				
Nitrate + Nitrite [As N]	5.2		0.50	mg/L
Sanitary				
Nitrogen, Total Kjeldahl	1.2	L	0.10	mg/L
Sanitary				
Phosphorus	1.9		0.050	mg/L
Sanitary				
Residue, Non-Filterable	23		10	mg/L
Sanitary				
Turbidity	6.78		0.100	NTU
Field ID: Effluent-Grab#2			**Sample ID: 1112017-03**	
Microbiology				
Coliform, Fecal	7.0		2.0	MPN/100 mL

Project:Village of Northport CSI/MS4-1112015

Project Number: 1112015

Analyte	Result	Qualifier	Reporting Limit	Units
Field ID: Effluent-Grab#2			**Sample ID: 1112017-03**	
Microbiology				
Microbiology				
Coliform, Total	80		2.0	MPN/100 mL
Field ID: Britannia Y.C.-East Boardwalk			**Sample ID: 1112017-04**	
Microbiology				
Coliform, Fecal	500		2.0	MPN/100 mL
Microbiology				
Coliform, Total	50000		2.0	MPN/100 mL
Field ID: Britannia Y.C.-South Wall			**Sample ID: 1112017-05**	
Microbiology				
Coliform, Fecal	2300		2.0	MPN/100 mL
Microbiology				
Coliform, Total	22000		2.0	MPN/100 mL
Field ID: #67 25A			**Sample ID: 1112017-06**	
Microbiology				
Coliform, Fecal	230		2.0	MPN/100 mL
Microbiology				
Coliform, Total	7000		2.0	MPN/100 mL
Field ID: House #91			**Sample ID: 1112017-07**	
Microbiology				
Coliform, Fecal	1300		2.0	MPN/100 mL
Microbiology				

Project:Village of Northport CSI/MS4-1112015

Project Number: 1112015

Analyte	Result	Qualifier	Reporting Limit	Units
Field ID: House #91			**Sample ID: 1112017-07**	
Microbiology				
Coliform, Total	70000		2.0	MPN/100 mL
Field ID: Stanton St.-Bayview Ave.			**Sample ID: 1112017-08**	
Microbiology				
Coliform, Fecal	3000		2.0	MPN/100 mL
Microbiology				
Coliform, Total	22000		2.0	MPN/100 mL
Field ID: Main St.Park North-12"Pipe			**Sample ID: 1112017-09**	
Microbiology				
Coliform, Fecal	1700		2.0	MPN/100 mL
Microbiology				
Coliform, Total	17000		2.0	MPN/100 mL
Field ID: Steers beach			**Sample ID: 1112017-10**	
Microbiology				
Coliform, Fecal	350		2.0	MPN/100 mL
Microbiology				
Coliform, Total	17000		2.0	MPN/100 mL

US EPA REGION 2 LABORATORY

CHAIN OF CUSTODY/ FIELD DATA FORM

SURVEY NAME & LOCALITY: Village of Northport CSI/MS4 — PROJECT LEADER: Bob Morrell

PROGRAM: SF ☐ : — SITE ID: _____ — OPERABLE UNIT: _____ — PROGRAM RESULTS CODE: _____

Decision	RCRA ☐	RCRA ENF ☐	NPDES ☑	SDWA ☐	AM ☐	CAA ☐	TSCA ☐	OD ☐	FIFRA ☐	CRIMINAL ENF ☐
Unit Code Y206	D210	D307	B304	C215	B224	A305	L306	B253		

Permit #: NY0024881

LAB ID/ FIELD ID	# OF CONTERS	MATRIX	CHECK IF SPLIT SAMPLE	DESCRIPTION & INSTRUCTIONS INCLUDING LOCATION, ESTIMATED CONCENTRATIONS, SPECIAL REPORTING LIMITS,	Res CL Checked	Preservative (circle)	Collection Time (24hr clock) Begin	Collection Time (24hr clock) End	Collection Date mm/dd/yy
Effluent - Grab #1	1	A	☑	1 250-ml sterile plastic jar for Total + Fecal Coliforms	☐	0 1 2 3 4 5 6 7 8 9 10		1400	12/06/11
Main St. PK North - 48" Pipe	1	A	☐	1 " " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1455	12/06/11
Main St. PK Playground - 8"	1	A	☐	1 " " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1506	12/06/11
Woodline Marina - Outfall #1	1	A	☐	1 " " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1535	12/06/11
Woodline Marina - Outfall #2	1	A	☐	1 " " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1537	12/06/11
Woodline Marina - Outfall #3	1	A	☐	1 " " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1538	12/06/11
Woodline Marina - Outfall #4	1	A	☐	1 " " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1540	12/06/11
			☐		☐	0 1 2 3 4 5 6 7 8 9 10			
			☐		☐	0 1 2 3 4 5 6 7 8 9 10			
			☐		☐	0 1 2 3 4 5 6 7 8 9 10			

COMMENTS & SPECIAL REQUIREMENTS:

Preservative Added & Checked

0=ice
1=H_2SO_4 pH<2
2=HNO_3 pH<2
3=HCl pH<2
4=$Na_2S_2O_3$
5=NaOH pH>9
6=Ascorbic Acid
7=FAS
8=ZnAc
9=NaOH pH>12
10=NH_4Cl

	Time	Date
Person Assuming Responsibility for Sample(s): Robert a. Monell	1540	12/6/11
Relinquished By: Robert a. Monell / Received By: [illegible]	19:40	12/6/11
Relinquished By: / Received By:		
Relinquished By: / Received By:		

Matrix:

A=aqueous
B=aqueous (chlorinated)
C=soil
D=sediment
E=sludge
F=multiphasic
G=solvent
H=biota
I=oil
J=other

Survey Complete? Y ☐ N ☑

US EPA REGION 2 LABORATORY

CHAIN OF CUSTODY/ FIELD DATA FORM

SURVEY NAME & LOCALITY: Village of Northport CSI/MS4 — PROJECT LEADER: Bob Morrell

PROGRAM: SF ☐ : SITE ID _____ OPERABLE UNIT _____ PROGRAM RESULTS CODE _____

Decision	RCRA ☐	RCRA ENF ☐	NPDES ☑	SDWA ☐	AM ☐	CAA ☐	TSCA ☐	OD ☐	FIFRA ☐	CRIMINAL ENF ☐
Unit Code Y206	D210	D307	B304	C215	B224	A305	L306	B253		

Permit #: NY0024881

LAB ID/ FIELD ID	# OF CONTERS	MATRIX	CHECK IF SPLIT SAMPLE	DESCRIPTION & INSTRUCTIONS INCLUDING LOCATION, ESTIMATED CONCENTRATIONS, SPECIAL REPORTING LIMITS,	Res CL Checked	Preservative (circle)	Collection Time (24hr clock) Begin	Collection Time (24hr clock) End	Collection Date mm/dd/yy
Influent-24 Hr Comp	3	A	☑	1 1-liter plastic jar for CBOD5 + BOD5	☐	0 1 2 3 4 5 6 7 8 9 10	0948		12/06/11 -
			☑	1 250-ml plastic jar for TSS	☐	0 1 2 3 4 5 6 7 8 9 10		0948	12/07/11
			☑	1 250-ml plastic jar for Ammonia, TKN, NO2+NO3,	☐	0 1 2 3 4 5 6 7 8 9 10			
			☐	and Total Phosphorus	☐	0 1 2 3 4 5 6 7 8 9 10			
Effluent-24 hr Comp	5	A	☑	2 1-liter plastic jars for CBOD5 + BOD5	☐	0 1 2 3 4 5 6 7 8 9 10	1005		12/06/11 -
			☑	1 500-ml plastic jar for TSS	☐	0 1 2 3 4 5 6 7 8 9 10		1005	12/07/11
			☑	1 500-ml plastic jar for Ammonia, TKN,	☐	0 1 2 3 4 5 6 7 8 9 10			
			☐	NO2+NO3, and Total Phosphorus	☐	0 1 2 3 4 5 6 7 8 9 10			
			☑	1 250-ml plastic jar for Turbidity	☐	0 1 2 3 4 5 6 7 8 9 10			
Effluent-Grab #2	1	A	☑	1 250-ml sterile plastic jar for Total+Fecal coliforms	☐	0 1 2 3 4 5 6 7 8 9 10		1020	12/07/11

COMMENTS & SPECIAL REQUIREMENTS:

Preservative Added & Checked

0=ice; 1=H2SO4 pH<2; 2=HNO3 pH<2; 3=HCl pH<2; 4=Na2S2O3; 5=NaOH pH>9; 6=Ascorbic Acid; 7=FAS; 8=ZnAc; 9=NaOH pH>12; 10=NH4Cl

	Time	Date
Person Assuming Responsibility for Sample(s): Robert A Morrell	1331	12/7/11
Relinquished By: Robert A Morrell — Received By: [signature]	16:35	12/7/11
Relinquished By: — Received By: [signature]		
Relinquished By: — Received By:		

Matrix: A=aqueous; B=aqueous (chlorinated); C=soil; D=sediment; E=sludge; F=multiphasic; G=solvent; H=biota; I=oil; J=other

Survey Complete? Y ☑ N ☐

Hand Delivered, Temp= 0.8°C on ice

US EPA REGION 2 LABORATORY

CHAIN OF CUSTODY/ FIELD DATA FORM

SURVEY NAME & LOCALITY Village of Northport CSI/MS4 PROJECT LEADER Bob Morrell

PROGRAM: SF ☐ : SITE ID _____ OPERABLE UNIT _____ PROGRAM RESULTS CODE _____

Decision	RCRA ☐	RCRA ENF ☐	NPDES ☑	SDWA ☐	AM ☐	CAA ☐	TSCA ☐	OD ☐	FIFRA ☐	CRIMINAL ENF ☐
Unit Code Y206	D210	D307	B304	C215	B224	A305	L306	B253		

Permit #: NY0024881

LAB ID/ FIELD ID	# OF CONTERS	MATRIX	CHECK IF SPLIT SAMPLE	DESCRIPTION & INSTRUCTIONS INCLUDING LOCATION, ESTIMATED CONCENTRATIONS, SPECIAL REPORTING LIMITS,	Res CL Checked	Preservative (circle)	Collection Time (24hr clock) Begin	Collection Time (24hr clock) End	Collection Date mm/dd/yy
Britannia Y.C.-East Boardwalk	1	A	☐	1 350-ml sterile plastic jar for Total + Fecal Coliforms	☐	0 1 2 3 4 5 6 7 8 9 10		1133	12/07/11
Britannia Y.C.-South Wall	1	A	☐	1 " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1158	12/07/11
#67 25A	1	A	☐	1 " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1215	12/07/11
House #91	1	A	☐	1 " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1245	12/07/11
Staton St. + Bayview Ave.	1	A	☐	1 " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1256	12/07/11
Main St Park North-12" Pipe	1	A	☐	1 " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1307	12/07/11
Steers Beach	1	A	☐	1 " " " " " " " " "	☐	0 1 2 3 4 5 6 7 8 9 10		1331	12/07/11
			☐		☐	0 1 2 3 4 5 6 7 8 9 10			
			☐		☐	0 1 2 3 4 5 6 7 8 9 10			
			☐		☐	0 1 2 3 4 5 6 7 8 9 10			

COMMENTS & SPECIAL REQUIREMENTS:

Preservative Added & Checked

0=ice
1=H_2SO_4 pH<2
2=HNO_3 pH<2
3=HCl pH<2
4=$Na_2S_2O_3$
5=NaOH pH>9
6=Ascorbic Acid
7=FAS
8=ZnAc
9=NaOH pH>12
10=NH_4Cl

	Time	Date
Person Assuming Responsibility for Sample(s): Robert a. Morrell	1331	12/7/11
Relinquished By: Robert a. Morrell / Received By:	16:35	12/7/11
Relinquished By: / Received By:		
Relinquished By: / Received By:		

Matrix:

A=aqueous
B=aqueous (chlorinated)
C=soil
D=sediment
E=sludge
F=multiphasic
G=solvent
H=biota
I=oil
J=other

Survey Complete? Y ☑ N ☐